

CONVENIENCE STORE GENERAL LIABILITY SUPPLEMENTAL APPLICATION

ACCIDENT/MADISON INSURANCE COMPANY

APPLICANT INFORMATION SECTION	
1. Applicant's Legal Name:	_____
2. Applicant is a:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other: _____
3. Mailing Address:	_____
4. Business Address:	_____
5. Contact Name and Phone Number:	_____
6. Website Address:	_____

AGENCY INFORMATION	
1. Agency Name:	_____
2. Agency Address:	_____
3. Producer's Name and Phone Number:	_____

GENERAL INFORMATION	
1. Is this a new venture?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If yes, does applicant have more than 3 years related experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you have gasoline pumps?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Is there any cooking done on premises? If yes, is there an automatic extinguishing system installed and serviced regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Any LPG gas sold? If yes, any LPG tanks filled on premises?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are any firearms kept on premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is the store open 24 hours per day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is there a self-service car wash on premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>

UNDERWRITING INFORMATION	
RECEIPTS BREAKDOWN (next 12 months)	
Gallons of Gas Sold:	Grocery Receipts:
LPG Gas Sales:	Liquor Sales:
Lottery Tickets:	Restaurant/Deli:
Gasoline Receipts:	Car Wash Receipts:
Other:	Total Receipts:
1. .Name and expiration date of current GL Carrier:	
2. List any GL claims, lawsuits, or events including date, details and amount paid/reserved:	
3. Any GL policy cancelled or non-renewed during the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and why?	

PLEASE READ BELOW, SIGN AND DATE:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents, or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission does not bind coverage with any insurer.

Applicant’s Signature: _____ Date: _____

Producer: _____ Date: _____